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 TELEPHONE: 650.813.5600
FACSIMILE: 650.494.0792

WWW.MOFO.COM

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To:

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 FROM: Rhonda Dunn for
Norman Klivans

DATE: October 2, 2008

Number of pages with cover page:	8	Originals Will Not Follow
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 Preparer of this slip has confirmed that facsimile number given is correct: 12187/red3
Comments: ISSUE FEE TRANSMITTAL
 Attorney Docket No.: 136922003800
Group Art Unit: 2137
Examiner: M. Pyzocha
Serial No. 09/916,146
Filing Date: July 26, 2001
Inventor: Richard A.A. HEYLEN
Title: COPY PROTECTION FOR OPTICAL DISCS

1. Papers Attached:
2. Transmittal (1 page);
3. Fee Transmittal + copy for fee processing (2 pages);
4. Petition to Revoke (2 pages); and
5. Part B - Fee(s) Transmittal + copy for fee processing (2 pages)

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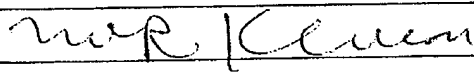
PTO/SB/21 (08-08)

Approved for use through 09/30/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/916,146	
	Filing Date	July 26, 2001	
	First Named Inventor	Richard A. A. HEYLEN	
	Art Unit	2137	
	Examiner Name	M. Pyzocha	
Total Number of Pages in This Submission	7	Attorney Docket Number	136922003800

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate copy for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Petition to Revive (2 pages) and Form PTOL-85 Part B - Fee(s) Transmittal + copy for fee processing (2 pages)
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)	
Signature		
Printed name	Norman R. Klivans	
Date	October 2, 2008	Reg. No. 33,003

Client Reference: 204

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8380, on the date shown below.

Dated: October 2, 2008

Signature: 

(Rhonda Dunn)

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PTO/SB/17 (10-07)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known Application Number 09/916,146 Filing Date July 26, 2001 First Named Inventor Richard A. A. HEYLEN Examiner Name M. Pyzocha Art Unit 2137 Attorney Docket No. 136922003800	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	3,430.00	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	310	155	510	255	210	105	0.00														
Design	210	105	100	50	130	65	0.00														
Plant	210	105	310	155	160	80	0.00														
Reissue	310	155	510	255	620	310	0.00														
Provisional	210	105	0	0	0	0	0.00														
2. EXCESS CLAIM FEES																					
Fee Description							Small Entity Fee (\$)														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							210														
Multiple dependent claims							370														
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>15</td> <td>- 23 = 0</td> <td>x 50.00 =</td> <td>0.00</td> <td>370.00</td> <td></td> <td>0.00</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	15	- 23 = 0	x 50.00 =	0.00	370.00		0.00	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
15	- 23 = 0	x 50.00 =	0.00	370.00		0.00															
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>2</td> <td>- 5 = 0</td> <td>x 210.00 =</td> <td>0.00</td> <td></td> <td></td> <td></td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)				2	- 5 = 0	x 210.00 =	0.00				
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
2	- 5 = 0	x 210.00 =	0.00																		
HP = highest number of total claims paid for, if greater than 20.																					
HP = highest number of independent claims paid for, if greater than 3.																					
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)															
- 100 = 0		/50 = 0	(round up to a whole number) x		260.00	= 0.00															
4. OTHER FEE(S)							Fees Paid (\$)														
Non-English Specification, \$130 fee (no small entity discount)																					
1501 Issue Fee							1,510.00														
1504 Publication Fee							300.00														
Other (e.g., late filing surcharge): 1453 Petition to revive unintentionally abandoned ...							1,620.00														

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	33,003
Name (Print/Type)	Norman R. Klivans	Telephone	(650) 813-5850
		Date	October 2, 2008

pa-1287051

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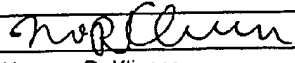
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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number 03-1952 Deposit Account Name: Morrison & Foerster LLP	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
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Provisional	210	105	0	0	0	0	0.00
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185
							Small Entity
							Fee (\$)
							Fee Paid (\$)
Total Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
15 - 23 = 0 x 50.00 = 0.00							
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Indep. Claims							
Extra Claims							
Fee (\$)							
Fee Paid (\$)							
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Total Sheets							
Extra Sheets							
Number of each additional 50 or fraction thereof							
Fee (\$)							
Fee Paid (\$)							
- 100 = 0 / 50 = 0 (round up to a whole number) x 260.00 = 0.00							
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Non-English Specification, \$130 fee (no small entity discount)							
1501 Issue Fee							1,510.00
1504 Publication Fee							300.00
Other (e.g., late filing surcharge): 1453 Petition to revive unintentionally abandoned ...							1,820.00

SUBMITTED BY		Registration No.		Telephone	
Signature 		33,003		(650) 813-5850	
Name (Print/Type) Norman R. Klivans				Date October 2, 2008	

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